FILED
May 28, 2002 8:00 am
Secretary of State
04-22-2002 90124 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058599

30155

1. Entity Name
Resort Vacation Link, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8056 St. Andrews Cir	8056 St. Andrews Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
O	
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32835 Country: USA	Zip: 32835 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3521750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Karen J. Pittillo

Street Address (P.O. Box Number is Not Acceptable): 8056 St Andrews Circle

City: Orlando FL Zip Code: 32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Karen J Pittillo 5-5-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $112.50
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike Vigh - President 2800 S. Nova Road Unit 1-D South Daytona Beach, Fl 32119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Karen Pittillo 8056 St Andrews Circle Orlando Fl 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Cherry Hill 2800 S Nova Rd Unit 1-D S. Daytona Beach Fl 32119
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen J Pittillo 4-7-02 407-523-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #